



IN THE _____ JUDICIAL CIRCUIT COURT, _____, MISSOURI

Judge or Division:	Case Number:
	Court ORI Number:
Petitioner:	MSHP Number:
	Responsible Law Enforcement ORI:
vs.	Related Cases: (Date File Stamp)
Respondent:	Respondent's Home Address:
Alias/Nicknames:	Home Phone Number:
Respondent's DOB: Age: SSN (last four digits): Race: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Hair Color: Height: Eye Color: Weight: (Identifying Information for use by Law Enforcement) Visible Identifying Marks (e.g. tattoos, birthmarks, braces, mustache, beard, pierced ear, glasses):	Respondent's Work Address: Work Phone Number: Work Hours: Other Locations Where Respondent May Be Served: Petitioner's Relationship to Respondent pursuant to 18 U.S.C. §§ 921(a)(32) and 922(g)(8) determination: <input type="checkbox"/> Spouse <input type="checkbox"/> Adults with child(ren) in common <input type="checkbox"/> Former spouse <input type="checkbox"/> Adults, intimate residing/resided together <input type="checkbox"/> Adults are/were in a continuing social relationship of a romantic/intimate nature <input type="checkbox"/> Adults related by blood. Define relationship: _____ <input type="checkbox"/> Adults related by marriage. Define relationship: _____ <input type="checkbox"/> Adults residing/resided together; no intimacy <input type="checkbox"/> Stalking. Define relationship: _____

Adult Abuse/Stalking Affidavit of Foreign Order of Protection

I am filing my foreign order of protection as permitted by Section 455.067 RSMo.

☐ A certified copy of the foreign order of protection is attached. The order is a true and accurate copy and has not been altered.

Subsequent orders affecting foreign order of protection (if any): (Describe below; e.g. divorce order, extension of original protection order, etc.)

	Date of Order
	Date of Order
	Date of Order

I swear/affirm under penalty of perjury that these facts are true according to my best knowledge and belief.

Date

Petitioner's Signature

NOTICE: Section 455.030.3 RSMo provides that a Petitioner seeking protection under the Adult Abuse Act is not required to reveal any current address or place of residence on this motion. **Do not provide this information if doing so will endanger you.**

Address (Optional)

City, State and Zip

Telephone